

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/899322**
APPLICANT(S) **/**

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1					151	1					
102		1					152		1				
103		1					153	1					
104		1					154		1				
105							155		1				
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148							198						
149							199						
150							200						
TOTAL IND.	4						TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	3					
TOTAL CLAIMS	4						TOTAL CLAIMS	5					

3

CLAIMS ONLY

SERIAL NO.

09/899322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	21					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS